

MMS Supplemental APD Information Sheet

1. DESIGNATED OPERATOR: _____

2. CONTACT/PHONE NO.: _____

3. LEASE: OCS _____

4. WELL No: _____

5. AREA/BLOCK: _____

6. SURFACE LOCATION: _____ feet from _____ Lease Line and _____ feet from _____ Lease Line

7. BOTTOM HOLE LOCATION: _____ feet from _____ Lease Line and _____ feet from _____ Lease Line

8. RIG NAME/TYPE: _____

9. WATER DEPTH: _____

10. RKB: _____

11. TYPE WELL: ☐ EXP ☐ DEV

12. APPROXIMATE DATE WORK WILL START: _____

Hole Size (in.)	Casing (Indicate if liner)	Casing Size (in.)	Weight	Burst Rating	Type of Connection	MASP (psi)	Safety Factors			Casing Depth	Shoe			Well-head Rating (psi)	BOP Size	Rated BOP Working Pressure	BOP Test Pressures				Cement (ft³)	Drilling Fluid Type (oil base, water base, synthetic)
			Grade	Collapse Rating			B	C	T	MD	PP	MW	FG			Annular	Annular	Casing (psi)	Shoe Test (ppg)			
										Ram						Ram						
	Drive/ Structural																					
	Conductor																					
	Surface																					

MINIMUM DRILLING FLUID QUANTITIES: _____ SACKS BARITE and _____ SACKS GEL

ZONE PROTECTION STATEMENT: _____

DRILLING FLUID DISPOSAL STATEMENT: _____

PAPERWORK REDUCTION ACT STATEMENT: The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.) requires us to inform you that we collect this information to obtain well status, well and casing test, and well casing configuration data. MMS uses this information to have accurate data and information on the wells under their jurisdiction and to ensure compliance with approved plans. Responses are mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 250.118. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden for this form is estimated to average 1/2 hours per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Mail Stop 4230, Minerals Management Service, 1849 C Street, NW, Washington, DC 20240.